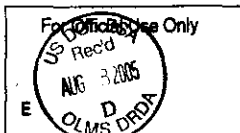# FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

US Rec'd
AUG 3 2005
E D
OLMS DRD

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 509-161
5599

2. Fiscal Year Covered From:
$\boxed{1}$ / $\boxed{1}$ / $\boxed{2004}$ Through: $\boxed{12}$ / $\boxed{31}$ / $\boxed{2004}$

3. Name and address of person filing.

Name Erik | A | Van Rossum

P.O. Box, Bldg., Room No., if any [ ]

Street 1322 South Fawcett #20

City Tacoma

State Washington   ZIP Code + 4 98402

4. Name, file number, and address of labor organization.

Name UNITE HERE Local 8

Labor Organization File Number 509-161

P.O. Box, Building and Room Number, if any [ ]

Street 2800 1st Avenue #3

City Seattle

State Washington   ZIP Code + 4 98121

5. Position in labor organization. [ ]

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name [ ]

Trade Name, if any: [ ]

P.O. Box, Bldg., Room No., if any [ ]

Street [ ]

City [ ]

State [ ]   ZIP Code + 4 [ ]

7.a. Nature of Interest, Transaction, or Income.

[ ]

7.b. Amount.

[ ]

Signature

15. Signature and verification. The undersigned declares, under penalty of perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed _[signature]_

On 8/7/05   Date   253-272-3267   Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name HERE LOCAL 8 TRUST FUNDS	a. Labor Organization
Trade Name, if any:	X b. Trust
P.O. Box, Bldg., Room No., if any BOX 34203	c. Employer
Street 2815 SECOND aVENUE #300	
City sEATTLE	
State Washington ZIP Code + 4 98124	

10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name HERE LOCAL 8 TRUST FUNDS	HEALTH AND PENSION TRUST DEALINGS
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any BOX 34203	
Street 2815 SECOND aVENUE #300	11.b. Approximate dollar value of such dealing. ?
City Seattle	12.a. Nature of interest held or income received.
State Washington ZIP Code + 4 98124	IFEBP 2004 REGISTRATION FOR FOUR TRUSTEES AT $1,265 EACH: SAWYER, VAN ROSSUM, PERESTREJO AND FREEMAN
	12.b. Amount. $5,060

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.